# Recertification Report - CARF Accredited Organization

Provider Name		Provider Number		Begin Cert Date	End Cert Date	
ARK REGIONAL SERVICES		1407939218		10/30/2009	10/30/2010	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	In-Compliance	10 of 10 staff files (100%) were reviewed and contained background screenings, current first-aid/CPR, and current Mandt training.		No	
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	10 of 10 (100%) staff files reviewed contained required Division training on abuse, neglect, and exploitation, as well as the Division notification of incident reporting. 0 of 10 (0%) staff files contained documentation of complaint/grievance procedure and billing and documentation.		No	11/6/2009
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	10 of 10 (100%) had documentation of required participant specific training which met applicable standards with the exception that the title of the trainer was not consistently documented.		No	11/6/2009

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Emergency Drills (CARF 1.E	.) Recommendation	Documentation from 5 locations was	Yes	10/29/2009
Emergency brins (oraclinic	(Systemic)	reviewed and met applicable	103	10/2//200
	(e jeterine)	standards with the exception of the		
		following: 3 of the 5 (60%) had		
		documentation of follow-up on		
		concerns when concerns were noted;		
		one location did not have the		
		required annual complete evacuation;		
		narratives of the drills were not		
		always adequate in terms of a full		
		discussion of drills; and		
		documentation of drills did not		
		indicate participants were always		
		included.		
Emergency Procedures duri	ng In-Compliance	9 of 9 (100%) vehicles observed	No	
Transportation (CARF 1.E.)		contained emergency procedures		
		during transportation.		
Internal Inspections (CARF	In-Compliance	5 of 5 locations reviewed (100%) had	No	
1.E.)		documentation of internal inspections		
		which included concerns identified		
		when appropriate and appropriate		
		follow-up to concerns noted in the		
		inspection.		
External Inspections (CARF	In-Compliance	5 of 5 (100%) locations reviewed had	No	
1.E.)		documentation of external		
		inspections which included concerns		
		identified and follow-up documented		
		as appropriate.		
Progress made on prior DD	D In-Compliance	Provider continues to make progress	No	
Survey recommendations		on prior year's survey		
		recommendations except where		
		mentioned elsewhere in this report.		

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Progress made on prior CARF Survey recommendations	In-Compliance	The provider's CARF survey was completed in April 2009, and the provider continues to make progress with the recommendations made during the CARF survey.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	7 of 11 staff (64%) interviewed had functional knowledge of the Division's Critical Incident Reporting process.	No	11/6/2009
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-Compliance	The provider's incident reporting policy was reviewed and contained required categories of reportable incidents, agencies to whom they are reportable, and the required timeframe for reporting.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Through file reviews, participant 9's medical documentation for 7/15/09 indicated a large bruise of unknown origin that was not reported. Case management documentation for particiapnt 8 indicated that an injury occured on 5/18/09 that required outside medical attention that was not reported.	Yes	10/29/2009

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**Date:** 10/8/2009

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Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Through interviews with staff, the review case management documentation, and the review of medical documentation, there were instances where incident reports should have been completed by staff and were not documented, in addition, the documentation did not always include written follow-up to those incidents. For example, Participant 9 had written medical documentation indicating a large	No	11/6/2009
Complaint and Grievance (CARF 1.D.)	Recommendation (Focused)	bruise of unknown origin, that was not documented in internal incident reports nor was there follow-up documented.  The provider's complaint and grievance policy was reviewed and	No	11/6/2009
		met the standards with the exception of the following: the policy did not include an avenue of appeal and the external entities which may be utilized to review the complaint.		
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CAI Section 1)	In-Compliance	9 of 11 staff (82%) interviewed had functional knowledge of the participant specific rights restrictions.	No	
Behavior Plans (Chapter 45, Section 29)	In-Compliance	Through documentation review, 1 behavior plan was found to be implemented appropriately as approved by the Division.	No	
Restraint standards (Chapter 45, Section28)	In-Compliance	Provider's policy, procedure, and tracking system was reviewed and met the applicable standards.	No	

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	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	8 of 9 (89%) vehicles observed met applicable standards with the following exception: 2002 Ventura - unsecured oxygen tank.		Yes	10/29/2009
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Focused)	9 of 10 (90%) files were reviewed and the IPC is being implemented appropriately with the exception of the following: through observation and staff interview, participant 4 was not receiving dedicated 1:1 staffing as approved by the Division.		Yes	10/29/2009
	Releases of Information (CARF 2.B.)	In-Compliance	10 of 10 (100%) files reviewed had releases of information that were appropriate, time limited, specific to the information being released, and to whom the information was being released.		No	
	Emergency Information (CARF 2.B.)	In-Compliance	10 of 10 files reviewed (100%) had current emergency information.		No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-Compliance	10 of 10 (100%) files were reviewed and the provider had documentation of objective and goal tracking which met applicable standards.		No	

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Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Systemic)	8 of 10 (80%) files reviewed contained documentation that met applicable standards with the exception of the following: participant 9 - Residential Habilitation Intervention for the month of June 2009, there were 143 units documented with 145 billed and August 2009, there were 133 units documented with 143 billed. Participant 6 - Case Management for the month of June 2009, no documentation was found with 1 unit billed; Day Habilitation Intervention for June 2009, 4 units documented with 5 billed and July 2009, 4 units documented with 11 billed. These	No	11/6/2009
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Suggestion	units will be referred to the Office of Healthcare Finance.  The provider is currently using a documentation scheduling system which consists of staff documenting the date and time of the service on the second page of the schedule which is located seperately from the rest of the service schedule. By doing so it is difficult to identify which day of service goes with the service documentation which could present billing errors.	No	

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Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Systemic)	Monthly/quarterly documentation was reviewed for 10 participant files and met applicable standards, with the excpetion: the use of white-out was found in 3 of the 10 files.		No	11/6/2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	10 of 10 (100%) files reviewed and contained documentation of team meeting notes which met applicable requirements.		No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	The development and tracking of objectives was reviewed for 10 participant files, and with the exception of where otherwise noted in this report, the provider is meeting the standards in this area.		No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Systemic)	10 participant files reviewed met applicable standards with the exception of the following: participant 4 - case management documentation showed that 0% of progress made on residential habilitation objective using a communication log book. There was no follow-up to this issue by the case manager concerning the lack of progress being made to the objective; participant's 9 and 7 did not include consistent documentation on the monthly/quarterly forms.		No	11/6/2009

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date Due	QIP
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-Compliance	A physical inspection of 6 locations was conducted and provided evidence of maintaining a healthy and safe environment which met applicable standards.		No		
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-Compliance	6 residential sites were observed and the organization showed evidence of meeting CARF standards on community housing. The homes were decorated per individual preference, were clean and uncluttered, and participants expressed satisfaction with their housing.		No		
	Organization meets CARF Standards for Supported Living (CARF 4. K.)	In-Compliance	Through documentation review, the organization is meeting the standards.		No		
	The organization meets the standards in Chapter 45, section 23)	In-Compliance	The organization provided evidence for meeting the standards in chapter 45, section 23, with the exception of where otherwise noted in this report.		No		
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date Due	QIP
	The organization meets the standards for Community Integration (CARF 4.E)	In-Compliance	Through observation and interviews, the organization is providing evidence of meeting this standard.		No		
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-Compliance	Through observation, the provider is meeting the standard for employment.		No		

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	The organization provided evidence of maintaining a healthy and safe environment at the day habilitation campus with the following exceptions: Day Hab 1 - knives and chemicals were unsecured, two fire extinguishers did not have current tags, and expired first-aid contents were found; Day Hab 2 - upstairs exit stairs has peeling paint that could be a hazard; Day Hab 3 - one fire extinguisher did not have current tags.		Yes	10/29/2009
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-Compliance	Through observation, interview, and review of provider documentation, the provider showed evidence of meeting the standards of the service provided except where otherwise noted in this report.		No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-Compliance	Except where otherwise noted in this report, other services reviewed (skilled nursing) were provided in a healthy and safe environment.		No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-Compliance	Through observation, interview, and review of service documentation, the provider is meeting the standard.		No	

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